

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 16
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST Edwin	MI E
	NICKNAME Ed	LAST English	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	12704 EUROPA LN, Austin, TX 78727		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 835-0000	EXTENSION
	Date Received JUL 8 PM 2 57 Amount AUSTIN CITY CLERK RECEIVED		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR.	FIRST Edwin	MI E
	NICKNAME Ed	LAST English	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	12704 EUROPA LANE, Austin, TX 78727		
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 835-0000	EXTENSION
	Date Hand-delivered or Postmarked		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	2	12	14
THROUGH		Month	Day
		6	30
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE
	11 / 4 / 14		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	N/A		
			Austin City Council - District 7
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Edwin E. English

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3245.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 4452.93

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

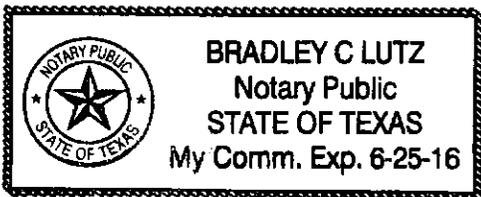
\$ 10,595.69

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 10,000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Edwin E. English
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to, and subscribed before me, by the said Edwin English, this the 24 day of July, 20 14, to certify which, witness my hand and seal of office.

Bradley C Lutz
Signature of officer administering oath

Bradley C Lutz
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/9/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Allen 6 Contributor address; City; State; Zip Code 11405 Doss Hills Dr, Austin TX 78750	7 Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) Retired	
Date 5/9/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Myra Barlin Contributor address; City; State; Zip Code 1804 E Hon Ln, Austin, TX 78703	Amount of contribution (\$) 350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Property Management		Employer (See Instructions) ERB Inc.	
Date 5/10/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Arthur Albert Contributor address; City; State; Zip Code 1906 Raleigh Ave, Austin, TX 78703	Amount of contribution (\$) 350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) PROGRAMMER		Employer (See Instructions) FlexSkill	
Date 5/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Dannelley Contributor address; City; State; Zip Code 232 Spuglass Rd, McOweney, TX 78123	Amount of contribution (\$) 350.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired	
Date 5/18/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Gray Contributor address; City; State; Zip Code 11406 Boulder Ln, Austin, TX 78726	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/13/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PATRICK Mc DONALD	7 Amount of contribution (\$) 5.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 1905 CHALK ROCK COVE, AUSTIN, TX 78735		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/16/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robin English	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12704 EUROPA LN, AUSTIN, TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robin English	Amount of contribution (\$) 5.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12704 EUROPA LN, AUSTIN, TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: HOWARD BRUNSON	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3600 LAS COLINAS, AUSTIN, TX 78731		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired	
Date 5/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Bethke	Amount of contribution (\$) 15.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5007 GANUMEDA, AUSTIN, TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/23/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debby McKnight	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 8003 Ash Valley Dr, Spring, TX 77379		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/21/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN RODGERS	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1112 W. 9th St, Austin, TX 78703		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate development		Employer (See Instructions) Rodgers and Reichle, Inc.	
Date 5/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HARRIETT HARROW	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8230 Summer Place Dr, Austin, TX 78759		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHERRY BUECHE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1210 Oakwood Blvd, Round Rock, TX 78681		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelly Park	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 404 Kelly Dr, Victoria, TX 77904		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 6	
2 FILER NAME Edwin E English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/22/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHELLEY BUECHE	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 210 LAVACA ST. #1902, AUSTIN, TX 78701		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/30/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON LUNA	Amount of contribution (\$) 35.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9111 DSAGE VALLEY, SAN ANTONIO, TX 78251		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/2/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob Mc Goldrick	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 10303 TREASURE ISLAND, AUSTIN, TX 78730		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/5/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KAREN EASTERLING	Amount of contribution (\$) 350.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2711 W. ANDERSON LN, AUSTIN, TX 78757		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) OWNER-INSURANCE AGENCY; INSURANCE SALES		Employer (See Instructions) STATE FARM	
Date 6/3/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EDWARD BURKE	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11311 PICKFAIR DR, AUSTIN, TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 1.5em;">6</div>	
2 FILER NAME <div style="font-size: 1.2em;">Edwin E English</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em;">6/12/14</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Marty Schoen</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">60.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">12707 Europa Ln, Austin, TX 78727</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.2em;">6/19/14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Kelly Butler</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">100.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">8504 Millway, Austin, TX 78757</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">6/17/14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Kath. Carbone</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2710 W. 49 1/2 St, Austin, TX 78731</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">6/17/14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">David Orshalick</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">50.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2710 W. 49 1/2 St, Austin, TX 78731</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">6/19/14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Susana Aleman</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">25.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2012 Castle View Dr, Austin, TX 78728</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <div style="text-align: right; font-size: 1.5em;">6</div>	
2 FILER NAME <div style="font-size: 1.2em;">Edwin E English</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <div style="font-size: 1.2em;">6/19/14</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Ed Heimlich</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">50.00</div>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">8522 Woodstone Dr, Austin, TX 78757</div>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <div style="font-size: 1.2em;">6/21/14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Tomas Aleman</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">40.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">12705 Europa Ln, Austin, TX 78727</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <div style="font-size: 1.2em;">6/26/14</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Patrick McDonald</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">5.00</div>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1905 Chalk Rock Cove, Austin, TX 78735</div>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$		
5 Date of loan 5/5/14	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin E. English	9 Loan Amount (\$) \$ 3000.00
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 12704 EUROPA LN, Austin, TX 78727-5131	10 Interest rate - 0 -
		11 Maturity date 12/31/14
12 Principal occupation / Job title (See Instructions) N/A		13 Employer (See Instructions) Retired
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 6/30/14	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwin E. English	Loan Amount (\$) \$ 7000.00
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 12704 EUROPA LN, Austin, TX 78727-5131	Interest rate - 0 -
		Maturity date 12/31/14
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions) Retired
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/5/14		5 Payee name Austin Hour Cards			
6 Amount (\$) 91.47		7 Payee address; City; State; Zip Code 7010 Burnet Rd, Austin, TX 78757			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Printing Expense		(b) Description (If travel outside of Texas, complete Schedule T) Business Cards	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/5/14		Payee name Ace Printing			
Amount (\$) 314.68		Payee address; City; State; Zip Code 7807 Doncaster, Austin, TX 78745			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Printing Expense		Description (If travel outside of Texas, complete Schedule T) Yard signs	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/6/14		Payee name CDM Media			
Amount (\$) 443.02		Payee address; City; State; Zip Code 919 Congress #250, Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) PERSONAL ASST. AND Campaign Infrastructure	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 5/9/14		Payee name Waterloo Ice House			
Amount (\$) 75.80		Payee address; City; State; Zip Code 8600 Burnet Rd Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) Campaign Kickoff food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4	2 FILER NAME Edwin E. English	3 ACCOUNT # (Ethics Commission Filers)
4 Date 5/9/14	5 Payee name U.S. Postal Service	
6 Amount (\$) 77.00	7 Payee address; City; State; Zip Code 1822 W. BRAKER, AUSTIN, TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEE	(b) Description (If travel outside of Texas, complete Schedule T) P.O. Box fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/20/14	Payee name WELLS FARGO	
Amount (\$) 31.03	Payee address; City; State; Zip Code 1601 W. PARMER LN, AUSTIN, TX 78727	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Accounting/Banking	Description (If travel outside of Texas, complete Schedule T) Check printing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/25/14	Payee name AZUL STRATEGIES	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1802 ANN ARBOR, AUSTIN, TX 78704	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing expense	Description (If travel outside of Texas, complete Schedule T) Push cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/27/14	Payee name COM Media	
Amount (\$) 250.56	Payee address; City; State; Zip Code 919 Congress #250, Austin, TX 78701	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description (If travel outside of Texas, complete Schedule T) Personal Assn. and Campaign Infrastructure
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Printing Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 5/31/14		5 Payee name Pay Pal			
6 Amount (\$) 8.07		7 Payee address; City; State; Zip Code 2211 N. FIRST ST, SAN JOSE, CA 95131			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) FEE		(b) Description (If travel outside of Texas, complete Schedule T) Service charge	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input checked="" type="checkbox"/> Office held	
Date 6/3/14		Payee name CDM Media			
Amount (\$) 227.22		Payee address; City; State; Zip Code 919 CONGRESS #250, AUSTIN, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) SALARIES/WAGES/CONTRACT LABOR		Description (If travel outside of Texas, complete Schedule T) PERSONAL ASST. AND CAMPAIGN INFRASTRUCTURE	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input checked="" type="checkbox"/>	
Date 6/12/14		Payee name DOK-E-TO'S			
Amount (\$) 21.87		Payee address; City; State; Zip Code 2121 W. PARMER LN, AUSTIN, TX 78727			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) MEET AND GREET FOOD	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input type="checkbox"/> Office held <input type="checkbox"/>	
Date 6/18/14		Payee name FACEBOOK			
Amount (\$) 25.24		Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Facebook page promotion	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought <input checked="" type="checkbox"/> Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 4		2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 6/19/14		5 Payee name Office Depot			
6 Amount (\$) 16.22		7 Payee address; City; State; Zip Code 4501 W. BRAKER LN, AUSTIN, TX 78759			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Other-office supplies		(b) Description (If travel outside of Texas, complete Schedule T) Receipt books	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/19/14		Payee name Waterloo Ice House			
Amount (\$) 62.58		Payee address; City; State; Zip Code 8600 BURNET Rd, Austin, TX 78757			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) EVENT EXPENSE		Description (If travel outside of Texas, complete Schedule T) Meet and Greet Food	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/24/14		Payee name Facebook			
Amount (\$) 46.99		Payee address; City; State; Zip Code 1601 Willow Rd, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Facebook page promotion	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 6/29/14		Payee name Facebook			
Amount (\$) 23.49		Payee address; City; State; Zip Code 1601 Willow Road, Menlo Park, CA 94025			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) Facebook page promotion	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Edwin E. English		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 4/4/14		5 Payee name CDM Media			
6 Amount (\$) 412.56 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 919 CONGRESS # 250, AUSTIN, TX 78701			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
		SALARIES/WAGES/CONTRACT LABOR		PERSONAL ASST. AND CAMPAIGN INFRASTRUCTURE	
Date 4/9/14		Payee name The Bumper Sticker			
Amount (\$) 123.41 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 612 W. 34th, Austin, TX 78705			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Printing Expense		Stickers	
Date 4/17/14		Payee name Austin Java			
Amount (\$) 31.55 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 301 W. 2nd, Austin, TX 78701			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Food/Beverage		Lunch for staff	
Date 4/17/14		Payee name Office Depot			
Amount (\$) 19.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4501 W. BRAKER LN, AUSTIN, TX 78759			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
		Printing Expense		City Wide District Map	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
3	Edwin E. English	
4 Date	5 Payee name	
4/18/14	CDM Media	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
1013.04		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	919 Congress #250, Austin, TX 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
	SALARIES/WAGES/CONTRACT LABOR	PERSONAL ASST. AND CAMPAIGN INFRASTRUCTURE
Date	Payee name	
4/28/14	TEXANS FOR ACCOUNTABLE GOVERNMENT	
Amount (\$)	Payee address; City; State; Zip Code	
10.00		
<input type="checkbox"/> Reimbursement from political contributions intended	1306 BARONETS TRAIL, AUSTIN, TX 78753	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	DONATION MADE BY CANDIDATE	DONATION
Date	Payee name	
5/2/14	BURNT ORANGE REPORT	
Amount (\$)	Payee address; City; State; Zip Code	
25.00		
<input type="checkbox"/> Reimbursement from political contributions intended	501 N. IH-35, AUSTIN, TX 78702	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	DONATION MADE BY CANDIDATE	TICKET TO ANNIVERSARY EVENT
Date	Payee name	
5/8/14	VERIZON	
Amount (\$)	Payee address; City; State; Zip Code	
27.56		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	140 West St, New York, New York 10007	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	FEE	CELL PHONE MINUTES

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <p style="text-align:center">3</p>	2 FILER NAME <p style="text-align:center">Edwin E. English</p>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <p style="text-align:center">5/18/14</p>	5 Payee name <p style="text-align:center">BRUCE ELFANT</p>	
6 Amount (\$) <p style="text-align:center">15.00</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">5501 Airport Blvd, Austin, TX 78751</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <p style="text-align:center">DONATION made by Candidate</p>	(b) Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">ICE CREAM SOCIAL</p>
Date <p style="text-align:center">5/28/14</p>	Payee name <p style="text-align:center">Diaspora Vote</p>	
Amount (\$) <p style="text-align:center">60.00</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <p style="text-align:center">916 Rochester Castle Way, Pflugerville, TX 78660</p>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <p style="text-align:center">FEE</p>	Description (If travel outside of Texas, complete Schedule T) <p style="text-align:center">DUES</p>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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